

**KIMBERLY SCHOOL DISTRICT# 414
PHYSICAL RESTRAINT/SECLUSION INCIDENT REPORT**

Student Name:	EUID #:	Date of Birth:
<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Current FBA/BIP	Grade:	School:

Incident Description		
Date Incident Occurred:	Time restraint/seclusion began:	Time restraint/seclusion ended:
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to restraint/seclusion:	
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Description of activity in which the restrained/secluded student or other students were engaged in immediately preceding use of physical restraint:	
Thorough description of efforts made to deescalate and alternatives to physical restraint/seclusion that were attempted:		
Restraint methodology used:	Physical restraint hold(s) used:	
Why was the use of physical restraint/seclusion necessary?	How restraint/seclusion ended (<i>check all that apply</i>): <input type="checkbox"/> Determination by staff member that student was no long a risk to himself or others <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived	

	<input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other (<i>describe</i>):
Staff member(s) responsible for continuous monitoring of student's status during the physical restraint/seclusion:	

Staff administering restraint/seclusion				
<u>Name</u>	<u>Position</u>	<u>Certified to administer restraints</u>	<u>Name of approved restraint methodology</u>	<u>Received prior restraint/seclusion training</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Observers	
<u>Staff members/other adult witnesses (include name and position):</u>	<u>Student(s):</u>

Parent Notification¹		
Name of parent(s) contacted:	Documented attempt to contact parent if unable to contact verbally (<i>describe</i>):	Contacted by the following staff member (<i>include name and position</i>):
Date and time of contact:		

This report has been prepared by:

(Name) (Position) (Date)

¹within 24 hours from the time the restraint/seclusion incident occurred;

- Verbal or written notification to parents/guardians following the use of physical restraint is required
- Staff must complete debrief form with team involved, and team must include case manager or building administrator.
- Copies of incident and debrief form sent to: Case Manager, Building Administrator, Special Education Director